

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90066 012 ****61.25

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01072008 Chg-NP CR2E037 (12/06)

DOCUMENT # 753829			
1. Entity Name BAY COVE MANOR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2505 BAY BLVD., APT 5 INDIAN ROCKS BCH, FL 33785 US		Mailing Address 2505 BAY BLVD., APT 4 INDIAN ROCKS BCH, FL 33785	
2. Principal Place of Business - No P.O. Box # 2505 BAY BLVD.		3. Mailing Address	
Suite, Apt. #, etc. 3		Suite, Apt. #, etc.	
City & State INDIAN ROCKS BEACH, FL		City & State	
Zip 33785		Country USA	
4. FEI Number 59-2348793		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSTON, DAVID 2505 BAY BLVD APT 4 INDIAN ROCKS BCH, FL 33785		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESMILE, OMAR 2505 BAY BLVD, #2 INDIAN ROCKS BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOSTON, DAVID 2505 BAY BLVD. APT 4 INDIAN ROCKS BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELACRUZ, RICHARD 2505 BAY BLVD APT 5 INDIAN ROCKS BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRY, CAROLYN 2505 BAY BLVD APT 3 INDIAN ROCKS BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>David Boston</u>		Date: 1/7/08 727-517-9100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	